



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 9703

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/600,175 | | 606 | 3735 | LE-204J |

APPLICANTS

Robert I. Rudko, Holliston, MA;
 Mark R. Tauscher, Medfield, MA;
 Richard P. Yeomans JR., Medway, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

08/14/2003

| | | | | | |
|--------------------------------|---|------------------------|--------------------------|----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY MA | SHEETS DRAWINGS 10 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 5 |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

ACKNOWLEDGMENT

Landiorio & Teska
 260 Bear Hill Road
 Waltham, MA 02451-1018
 UNITED STATES

EXAMINER'S SIGNATURE

AHMED M FARAH/

Examiner's Signature

| | | | | | |
|---------------------------|----------------|------------------------|--------------------------|----------------------|----------------------------|
| Verified and Acknowledged | AF Initials | STATE OR COUNTRY MA | SHEETS DRAWINGS 10 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 5 |
|---------------------------|----------------|------------------------|--------------------------|----------------------|----------------------------|

ADDRESS

Landiorio & Teska
 260 Bear Hill Road
 Waltham, MA 02451-1018
 UNITED STATES

TITLE

Endovascular tissue removal device

| | | |
|----------------------------|---|--|
| FILING FEE RECEIVED 738 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |